

APPLICATION FOR SCHOLARSHIP FUNDING

To apply for financial assistance, please complete all the steps below. Incomplete applications will not be considered.

Before completing this application: If you have insurance, please contact your insurance provider to determine if they cover the service you need. If you have insurance coverage, you may be able to get assistance with your copay.

STEP 1: Provide your information

Name: _____ Birth Date: _____

Guardian's Name (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Check the service for which financial assistance is requested:

Hearing Evaluation Hearing Aid Hearing Aid Repair Speech Evaluation Speech Therapy

Have you ever received a hearing aid from the Center for Hearing & Speech? YES NO

If yes, how long ago? _____ (*Hearing Aid Assistance is only available every four years*)

Do you have health insurance? YES NO If yes, what kind? _____

Does your insurance cover the service you are applying for? YES NO If so, copay amount? _____

What is the **total household** monthly income? _____
(*include paychecks, social security, pension, child support, alimony, etc. for ALL members of the household*)

How many adults live in the household? _____ How many children live in the household? _____

How did you hear about the Center for Hearing & Speech? _____

Please use the space below to provide any additional information that you feel will help in the determination of the level of financial assistance that you could be awarded.

By signing below, I attest that the information above is correct to the best of my knowledge.

Signature of client or guardian

Date

SEE BACK PAGE FOR MORE STEPS

STEP 2: Collect required attachments

Check one for each number:

- | | | |
|---|-----------|---|
| 1. <input type="checkbox"/> Most recent paycheck stub | OR | <input type="checkbox"/> Not employed |
| 2. <input type="checkbox"/> Income tax return | OR | <input type="checkbox"/> I do not file taxes (may be asked for form 4506) |
| 3. <input type="checkbox"/> Social Security benefit letter | OR | <input type="checkbox"/> I do not receive Social Security |
| 4. <input type="checkbox"/> Pension or retirement benefit letter | OR | <input type="checkbox"/> I do not receive a pension or have retirement |
| 5. <input type="checkbox"/> Copy of front and back of any insurance cards | OR | <input type="checkbox"/> I do not have any type of insurance |

STEP 3: Submit all information

Send this completed form with required attachments by mail, scan or fax.

Center for Hearing & Speech
Finance Department
9835 Manchester Road
St. Louis, MO 63119

OR

Scan and email to Scholarships@Chsstl.org.

OR

Fax to 314-968-4762 Attention Finance Department

You will receive a phone call within 10-15 business days regarding your eligibility for scholarship funding.

For any questions, please contact us at 314-968-4710, option 3.

FOR OFFICE USE ONLY:

Date received: _____ Date complete: _____

Verified monthly or annual income: _____ Number in household: _____

Financial assistance awarded? YES NO If so, percentage: _____

Reviewed by/date: _____

Executive Director approval/date: _____

Client notification date: _____